PLEASE TYPE C	R PRINT	Entered	previous	May Sh	ow
		(No	V00 [	¬ no	
□ Ms.		1	yes 1		
Mr. Artist	FERALD	K	1API	NER	
Permanent		D-	(Las	st Name I	_ast)
Address 2565	OVERLOOP	K 10.	CLE	VE	ITS
Stre	eet			City	
99106	Tel. (216)	932	-6071		
Zip	Area Code				
Temporary or					
Studio Address_	4			0:4:	
5	treet			City	
	Tel. ( )				
Zip	Area Code				
If you do not pre	esently live in o	ne of the	counties	of the	
Western Reserve,	which county	were you	born in?		
0.11.1					
Collaborator	(If Any)				
If May Show ent		•	ot sold:		
	ck up at Museu	ım.			
☐ Museum sho	uld dispose of.				
☐ Museum sho	uld ship to arti	st C.O.D.	at this ad	dress:	

## Special Instructions

When necessary include below instructions or a drawing of how the poject is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

> DO NOT DETACH

	ENTRY BLAN	ı K	S								
					2. Graphi 5. Crafts	cs [	□ 3. P	hoto	graphy		
	Materials AC	CF	ミソレ	10							
	Title "C	10	1E	WA	٨".						
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	ACCEPTED DO NOT WRITE IN THIS SECTION							ACCEPTED			
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DETACH	2										
DE	Materials ACRYLIC										
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d	Price or NFS			Insuran If NFS	ce Value Only		Size 5	4"	x54"		
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	ACCEPTED			WRITE	IN AC	CEPT	TED	REC	CEIVED		

1780

REJECTED

DATE

REJECTED